

# ***TransIT* Services of Frederick County**

## **Application for Disabled Reduced Fare Identification Card**

### **SECTION I: GENERAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (Home): (\_\_\_\_) \_\_\_\_\_ Check here if you use a TDD: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **SECTION II: ELIGIBILITY INFORMATION**

What is your disability? \_\_\_\_\_  
Is your disability temporary? \_\_\_\_ yes, until \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_ no, it is permanent

***Please attach written professional verification of your disability.***

*In order to qualify for reduced fare on the basis of your disability, you must provide written documentation of your disability from a physician, rehabilitation specialist, or other professional who is familiar with you and your disability. This verification must be typed on the professional's letterhead and must include the following information:*

- *date it was written*
- *nature of your disability*
- *duration of your disability*
- *telephone number to contact the professional for verification*

*If you do not already have written documentation, please have a professional complete TransIT's Professional Certification form, available from the TransIT office.*

### **SECTION III: ASSISTANCE INFORMATION**

If you use a wheelchair, scooter, or similar mobility device, please list:  
Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Power source: \_\_\_\_\_  
Total combined weight of you and your wheelchair in pounds: \_\_\_\_\_  
Approximate dimensions in inches: width: \_\_\_\_\_ length: \_\_\_\_\_

Do you need any assistance in order to ride fixed-route transit? \_\_\_\_ no \_\_\_\_ yes  
please describe: \_\_\_\_\_

Do you need the assistance of an attendant to travel? \_\_\_no \_\_\_yes \_\_\_sometimes  
If yes or sometimes, name of attendant: \_\_\_\_\_

Do you use a service animal when you travel? \_\_\_no \_\_\_yes \_\_\_sometimes  
If yes or sometimes, type of animal: \_\_\_\_\_  
Training animal has received: \_\_\_\_\_

In person, do you communicate through spoken English? \_\_\_yes \_\_\_no -- If no,  
what method(s) you use to communicate (for example, other language, American Sign  
Language, lip reading)? \_\_\_\_\_

If you need published information in an alternate format, please specify:  
\_\_\_large print \_\_\_audio cassette \_\_\_other (specify): \_\_\_\_\_  
Do you read braille? \_\_\_yes \_\_\_no

Do you use a TDD/TTY when communicating by telephone? \_\_\_yes \_\_\_no

#### SECTION IV: CERTIFICATION

I certify that the above information is true and correct. I understand that TransIT may  
verify contact the professional who provided documentation of my disability to verify the  
documentation. I agree to abide by TransIT rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this application was completed by another individual on behalf of the Reduced-fare  
applicant, please complete the following:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_  
Relation to applicant: \_\_\_\_\_

**Present or mail application and documentation of disability to the TransIT  
Services of Frederick County, 1040 Rocky Springs Road, Frederick, Maryland  
21702. The Transit office is open Mon-Fri 8 a.m. To 4 p.m. excluding County  
holidays. Telephone: (301) 600-2065 (voice) / TTY users dial Maryland Relay at  
711.**

# ***TransIT* Services of Frederick County**

## **Professional Verification of Disability for Reduced Fare Eligibility**

### **PART 1: TO BE COMPLETED BY THE APPLICANT**

I hereby authorize the release of information requested on the following certification so that I may qualify for a reduced fare on the fixed-route transit services operated by TransIT Services of Frederick County. I authorize TransIT staff to contact the professional who completed this form if clarification of information is needed.

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART 2: TO BE COMPLETED BY THE PROFESSIONAL ONLY:**

The individual named above has applied for reduced fare eligibility on TransIT's fixed-route transit services on the basis of his or her disability. This form requests your certification that the applicant does have disability. If you have any questions, please call the Operations Supervisor at (301) 600-2065 (voice) or for dial 711 for Maryland Relay.

Professional's Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (voice \_\_\_\_\_ or TDD \_\_\_\_\_)

I certify that the applicant individual named above has the following disability (please describe nature of his or her disability):

\_\_\_\_\_  
\_\_\_\_\_

It is my professional opinion that this individual's disability is:

\_\_\_\_\_ permanent \_\_\_\_\_ temporary (expected duration: \_\_\_\_\_)

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you. Please return the completed form to the applicant or mail to: Operations Supervisor, TransIT Services of Frederick County, 1040 Rocky Springs Road, Frederick, Maryland 21702.

